

Dr. A. Hahn

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031969

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 728

Primary Registration District No. 2000

Registrar's No. 1258-B

FILED SEP 16 1963

## 1. PLACE OF DEATH

a. COUNTY GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN SPRINGFIELD

Length of stay in 1b

6 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 1021 W. DIVISION

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY GREENE

c. CITY OR TOWN SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1021 W. DIVISION

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

EARNEST

Middle

MALONE

Last

4. DATE OF DEATH

Month

Day

Year

SEPTEMBER 7, 1963

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-16-1887

## 9. AGE (last birthday)

75

## IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR. Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED DRY CLEANING SHOP OWNER &amp; OPT.

## 10b. KIND OF BUSINESS OR INDUSTRY

LEWIS STATION, MO.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

WELLINGTON MALONE (DEC.)

## 13b. MOTHER'S MAIDEN NAME

SARAH THOMASON (DEC.)

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

NO

## 16. SOCIAL SECURITY NO.

31

## 17. INFORMANT

Address

MRS. PAULINE MILLER, SPRINGFIELD, MO.

## 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

## INTERVAL BETWEEN ONSET AND DEATH

10 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

June 1957 to death

and last saw her alive on

7/31/63

Death occurred at

about 6:00 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Signed or title)

M.D.

## 22b. ADDRESS

609 Cherry St.

## 22c. DATE SIGNED

Andrew Hahn

Springfield, Missouri

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

9-7-63

## 23c. NAME OF CEMETERY OR CREMATORY

Curtsinger Cemetery

## 23d. LOCATION (City, town, or county)

Weaubleau, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

HERMAN H. LOHMEYER, SPRINGFIELD, MO.

## 25. DATE RECD. BY LOCAL REG.

9-13-63

## 26. REGISTRAR'S SIGNATURE

Bernie Medley (acting)

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10397

20397

3

4 0

5 2

6

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8 2

94200

10

11

1290-0

13

9-7-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Frederic T. Chadley*

Licensed Embalmer No.

*4875*

P. O. Address

*Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.